

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 25, 2009  
Secretary of State**

DOCUMENT# N06000007417

Entity Name: MAGNOLIA TRACE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

191 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

191 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 20-5703921      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OARE, CAROL F  
191 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: OARE, CAROL F  
Address: 191 ISLAND ESTATES PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: VD      ( ) Delete  
Name: QUELLO, RICHARD B  
Address: 15 CORTE VISTA  
City-St-Zip: PALM COAST, FL 32137

Title: SD      ( ) Delete  
Name: OARE, III, ROBERT L  
Address: 1362 NW 112 AVENUE  
City-St-Zip: ALACHUA, FL 32615

Title: TD      ( ) Delete  
Name: SHANKS, ELIZABETH O  
Address: 1514 NEWBERGER ROAD  
City-St-Zip: LUTZ, FL 35549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL F. OARE

MRG

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date